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STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

2. DATE 1. TITLE OF NEWSPAPER 3A. NO. OF ISSUES PUBLISHED ANNUALLY 3B. ANNUAL SUBSCRIPTION 3. FREOUENCY OF ISSUE 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
Ravellette Publications, Inc. PD Box 788 Philip SD 575127

6. FULL NAME OF PUBLISHER: Donald Ravellette

The standard list on the back of this form the names and 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. **FULL NAME** COMPLETE MAILING ADDRESS back on back on 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. back **AVERAGE NO. COPIES** ACTUAL NO. COPIES EACH 9. EXTENT AND NATURE OF CIRCULATION **ISSUED ISSUED PRECEDING 12** NEAREST TO FILING DATE **MONTHS** 800 A. TOTAL NO. COPIES (Net Press Run) 800 **B.PAID AND/OR REQUESTED CIRCULATION** 1. Sales through dealers and carriers, street vendors and 153 155 counter sales. 2. Mail Subscription 529 512 (Paid and or requested) C. TOTAL PAID AND/OR REQUESTED CIRCULATION 736 685 (Sum of 9B1 and 9B2) D.FREE DISTRIBUTION 38 1. BY MAIL, CARRIER OR OTHER MEANS 2. SAMPLES. COMPLIMENTARY AND OTHER FREE COPIES E. TOTAL DISTRIBUTION (Sum of C. D1 and D2) 781 731 F. COPIES NOT DISTRIBUTED 1. Office use. left over, unaccounted, spoiled after printing 2. Return from News Agents G.TOTAL (Sum of E. F1 and F2 - Should equal net press run 800 800 shown in A) Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete: Sworn to before me this 30 day of color, 20 20 State of South Dakota 11/2018 County of Marking Notary Public MY COMMISSION EXPIRES. My commission expires: (Seal)

Form: SOS REC 051 7/2004

Owners:

Ravellette Publications, Inc. P O Box 788 Philip, SD 57567-0788

Donald Ravellette P O Box 633 Philip, SD 57567-0633

Bondholders, Mortgages & Other Security Holders:

First National Bank P O Box 910 Philip, SD 57576-0910

Luella Belle Ravellette P O Box 375 Philip, SD 57567-0375